

OFFICE OF LEGISLATIVE RESEARCH
PUBLIC ACT SUMMARY



PA 18-77—sSB 246
Human Services Committee

AN ACT LIMITING AUTO REFILLS OF PRESCRIPTION DRUGS COVERED UNDER THE MEDICAID PROGRAM AND REQUIRING THE COMMISSIONER OF SOCIAL SERVICES TO PROVIDE CHIP DATA TO THE HEALTH INFORMATION TECHNOLOGY OFFICER

SUMMARY: This act allows the Department of Social Services (DSS) commissioner to prohibit pharmacy providers from automatically refilling certain prescription drugs for medical assistance (e.g., Medicaid) recipients regardless of a recipient's consent or request to participate in such a program. It prohibits DSS from paying for automatic refills unless the recipient or his or her legal representative explicitly requested it verbally or in writing.

The act allows DSS's Pharmaceutical and Therapeutics (P & T) Committee to make recommendations to DSS on what prescribed drugs, if any, should be eligible for automatic refill. It also (1) requires the commissioner to submit to the Human Services Committee recommendations on the types, classes, or usage of prescription drugs to be subject to, and exempt from, the automatic refill prohibition and (2) establishes a process for the Human Services Committee to consider the commissioner's recommendations.

Finally, the act requires the DSS commissioner to submit the provider registry, health claims data, and recipient data from the Children's Health Insurance Program (CHIP) for inclusion in the all-payer claims database for CHIP administration-related purposes only (see BACKGROUND). Under existing law, DSS must submit Medicaid data to the database, and the state's health information technology officer (who oversees the database) is permitted to enter into a contract or take any action necessary to obtain such Medicaid data. Under the act, the health information technology officer may also do so to obtain CHIP data.

EFFECTIVE DATE: Upon passage

PROCESS FOR RECOMMENDATION CONSIDERATION

Under the act, the Human Services Committee must hold a public hearing on the recommendations it receives from the DSS commissioner related to automatic prescription refills within 30 days of receiving them. Otherwise, the recommendations are deemed approved. The committee must notify the commissioner of the hearing date and time. Following the public hearing, the committee must advise the commissioner of its approval, denial, or modification of the recommendations. The act prohibits the commissioner from implementing the recommendations if the committee has denied them. He may, however, submit

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new recommendations for committee approval. The commissioner must submit any approved or modified recommendations to the P & T Committee.

BACKGROUND

All-Payer Claims Database

The all-payer claims database is a database that receives and stores data from a reporting entity related to medical and dental insurance, pharmacy, and other insurance claims information. Disclosed database information must protect the confidentiality of individual health information. Insurers and other reporting entities that fail to report as required are subject to civil penalties of up to \$1,000 per day.